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# Provide the Hospital Owner and Year of Report per Section 130061(e)

| Facility Number:    | 11366                         |  |
|---------------------|-------------------------------|--|
| Facility Name:      | Washington Hospital - Fremont |  |
| Address:            | 2000 Mowry Avenue             |  |
| City:               | Fremont                       |  |
| Hospital Owner/Lic  | ensee: Washington Township    |  |
| Year of Rep         | orting: 2010                  |  |
| Contact 1 e-mail Ac | dress:                        |  |
| Contact 2 e-mail Ac | dress:                        |  |
| Contact 3 e-mail Ad | Iress::                       |  |
| Name of Sub         | mitter: Kyle Glenn            |  |
| Submission          | Date: 1/25/2011 3:00:00 PM    |  |

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For buildings which are planned for retrofit or replacement the report shall identify: Whether the hospital owner intends to retrofit or replace the building to SPC 2 or SPC 5 per section 130061(c)(1)(A). The deadline, as described in Section 130060 or 130061.5, for retrofit or replacement of the bulding that the hospital owner intends to meet, and the applicable extension for which the hospital owner has been approved per Section 130061(c)(1)(B)

| Bldg.<br>No. | Building Name                   | Alternate Building Address | Building<br>Resolution | Final SPC Rating<br>If Required | Extension<br>Date | Anticipated Completion Date |
|--------------|---------------------------------|----------------------------|------------------------|---------------------------------|-------------------|-----------------------------|
| 09           | Whitaker Pavilion               | 2000 Mowry Avenue          | Replace                | SPC5                            | 01/01/2013        | 01/31/2012                  |
| 12           | Engineering Laundry<br>Building | 2000 Mowry Avenue          | Replace                | SPC5                            | 01/01/2013        | 01/31/2012                  |

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For each building which is planned for retrofitting or replacement, provide the project numbers, per Section 130061(c)(1)(C). The projected construction start date or dates and projected Completion date or dates per Section 130061(c)(1)(D) and the most recent project status and approvals per Section 130061(c)(1)(E).

| Building No: 09 Whitak  | ker Pavilion                    | Retrofit/Replacer<br>Project:       | nent                    | es-Submitted | d              |
|---|---------------------------------|-------------------------------------|-------------------------|--------------|----------------|
| Facility Project Sub Scope<br>Number Num                            | Date Pla<br>in                  | n Approved Proj. Start<br>Date Date | Proj. Completed<br>Date | Status       | CEQA<br>Review |
| 11366 HS062023 0 CENTER FO  | OR JOINT REPLACEMENT 10/10/2006 | 01/23/2008 08/08/20                 | 008 01/31/2012          | OPEN         | No             |
|   |                                 |                                     |                         |              |                |
| Building No: 12 Engine  | eering Laundry Building         | Retrofit/Replacer<br>Project:       | nent Ye                 | s-Submitted  | d              |
| Building No: 12 Engine Facility Project Sub Scope Number Number Num |                                 |                                     |                         |              | CEQA<br>Review |

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## Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

| Building Number: 09 Building Name: Whitaker Pavilion |                   |                          |                               |                        |  |  |  |
|--|-------------------|--------------------------|-------------------------------|------------------------|--|--|--|
| Type of Service Provided                             |                   |                          |                               |                        |  |  |  |
| X Nursing  | Inpatient<br>Beds | 46 Inpatient 2586 Days   | X Surgical                    | Obstetrical Recovery   |  |  |  |
| IntensiveCare  | Inpatient<br>Beds | 0 Inpatient Days 0       | Anesthesia                    | Newborn/<br>WellBaby   |  |  |  |
| Pediatric/Adol escent                                | Inpatient<br>Beds | 0 Inpatient Days 0       | Clinical Lab                  | Emergency              |  |  |  |
| Psychiatric Nursing                                  | Inpatient<br>Beds | 0 Inpatient Days 0       | Radiological/<br>Imaging      | Nuclear<br>Medicine    |  |  |  |
| Obstetrical Ante/Postprtum                           | Inpatient<br>Beds | 0 Inpatient Days 0       | Pharmaceutical Dietetic       | Rehabilitation Therapy |  |  |  |
| Intermediate Care                                    | Inpatient<br>Beds | 0 Inpatient Days 0       | Administration                | Renal Dialysis         |  |  |  |
| Skilled Nursing                                      | Inpatient<br>Beds | 0 Inpatient Days 0       | Support Services  Obstetrical | Outpatient Surgery     |  |  |  |
|  |                   | Total Beds this Building | Cesarean/Deliv                | Central Plant          |  |  |  |

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## Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

| Building Number: 12        | Buildi            | ing Name: Engineering Laundry Build  | ling   |                           |  |  |  |
|----------------------------|-------------------|--------------------------------------|--|---------------------------|--|--|--|
| Type of Service Provided   |                   |                                      |  |                           |  |  |  |
| Nursing                    | Inpatient<br>Beds | 0 Inpatient 0 Days                   | Surgical                                       | Obstetrical Recovery      |  |  |  |
| IntensiveCare              | Inpatient<br>Beds | 0 Inpatient Days 0                   | Anesthesia                                     | Newborn/<br>WellBaby      |  |  |  |
| Pediatric/Adol escent      | Inpatient<br>Beds | 0 Inpatient Days 0                   | Clinical Lab                                   | Emergency                 |  |  |  |
| Psychiatric Nursing        | Inpatient<br>Beds | 0 Inpatient Days 0                   | Radiological/ Imaging                          | Nuclear<br>Medicine       |  |  |  |
| Obstetrical Ante/Postprtum | Inpatient<br>Beds | 0 Inpatient Days 0                   | Pharmaceutical Dietetic                        | Rehabilitation<br>Therapy |  |  |  |
| Intermediate Care          | Inpatient<br>Beds | 0 Inpatient Days 0                   | Administration                                 | Renal Dialysis            |  |  |  |
| Skilled Nursing            | Inpatient<br>Beds | 0 Inpatient Days 0 Total Beds this 0 | X Support Services  Obstetrical Cesarean/Deliv | Outpatient<br>Surgery     |  |  |  |
|                            |                   | Building                             | Jesaieai/Deiiv                                 | Central Plant             |  |  |  |

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### Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

| Building Number:                 | 09                     | Building Name:            | Whitaker Pavilion  |   |  |
|----------------------------------|------------------------|---------------------------|--------------------|---|--|
| Medical / Surgical (Include GYN) |                        | Acute Respiratory Care    |                    | Acute Psychiatric                       |  |
| Inpatient 46<br>Bed              | Inpatient 2586<br>Days | Inpatient<br>Bed          | 0 Inpatient 0 Days | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Perinatal (excluse N             | lewborn / GYN)         | Burn                      |                    | Skilled Nursing                         |  |
| Inpatient 0<br>Bed               | Inpatient 0<br>Days    | Inpatient<br>Bed          | 0 Inpatient 0 Days | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Pediatric                        |                        | intensive Care<br>Nursery | e Newborn          | Intermediate Card                       |  |
|                                  | Inpatient 0<br>Days    | Inpatient<br>Bed          | 0 Inpatient 0 Days | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Intensive Care                   |                        | Rehabilitation<br>Center  |                    | Int. Care / developn<br>Disabled        | nent                                       |
|                                  | Inpatient 0<br>Days    | Inpatient Bed             | 0 Inpatient 0 Days | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Coronary Care                    |                        | Chemical<br>Dependency    |                    | Total Beds this<br>Building Per<br>Unit | Total Beds this<br>Building Per<br>Service |
|                                  | Inpatient 0<br>Days    | Inpatient<br>Bed          | 0 Inpatient 0 Days | 46                                      | 0  |

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#### Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

| Building Number:   | 12                  | Building Name:            | Engineering Laundry Building |   |  |
|--------------------|---------------------|---------------------------|------------------------------|---|--|
| Medical / Surgical | (Include GYN)       | Acute Respira             | atory Care                   | Acute Psychiatric                       |  |
| Inpatient 0<br>Bed | Inpatient 0 Days    | Inpatient Bed             | 0 Inpatient 0 Days           | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Perinatal (excluse | Newborn / GYN)      | Burn                      |                              | Skilled Nursing                         |  |
| Inpatient 0<br>Bed | Inpatient 0<br>Days | Inpatient Bed             | 0 Inpatient 0 Days           | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Pediatric          |                     | intensive Care<br>Nursery | e Newborn                    | Intermediate Card                       |  |
| Inpatient 0<br>Bed | Inpatient 0<br>Days | Inpatient<br>Bed          | 0 Inpatient 0 Days           | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Intensive Care     |                     | Rehabilitation<br>Center  |                              | Int. Care / develope<br>Disabled        | ment                                       |
| Inpatient 0<br>Bed | Inpatient 0<br>Days | Inpatient Bed             | 0 Inpatient 0 Days           | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Coronary Care      |                     | Chemical<br>Dependency    |                              | Total Beds this<br>Building Per<br>Unit | Total Beds this<br>Building Per<br>Service |
| Inpatient 0<br>Bed | Inpatient 0 Days    | Inpatient Bed             | 0 Inpatient 0 Days           | 0                                       | 0  |

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For all buildings at the facility, indicate which ones are scheduled for general acute service removal.

| Building<br>Number | Building<br>Name             | Building to<br>be Removed |
|--------------------|------------------------------|---------------------------|
| 01                 | Original Hospital            |                           |
| 02                 | South Wing Addition          | $\overline{\sqcap}$       |
| 03                 | Emergency Wing Addition      |                           |
| 04                 | Areas No. 1 and 2 Addition   |                           |
| 05                 | Area No. 3 Addition          |                           |
| 06                 | Area No. 4 Addition          |                           |
| 07                 | Area No. 5 Addition          | $\overline{\square}$      |
| 08                 | Entrance Canopy              | $\overline{\square}$      |
| 09                 | Whitaker Pavilion            |                           |
| 12                 | Engineering Laundry Building |                           |
|                    |                              |                           |

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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

| Building Number: | 09 Buildin                    | g Name: Whitaker Pavilion |                               |   |                           |
|------------------|-------------------------------|---------------------------|-------------------------------|---|---------------------------|
| Type of Servic   | e Provided                    |                           |                               |   |                           |
|                  |                               | X Surgical                | Obstetrical<br>Cesarean/Deliv |   | Rehabilitation<br>Therapy |
| X                | Nursing                       | Anesthesia                |                               |   |                           |
|                  | IntensiveCare                 | Allestinesia              | Obstetrical Recovery          |   | Renal Dialysis            |
| _                | Pediatric/Adol                | Clinical Lab              |                               |   | Outpatient                |
|                  | escent                        | Radiological/             | Newborn/<br>WellBaby          | Ш | Surgery                   |
|                  | Psychiatric<br>Nursing        | Imaging                   | _                             |   |                           |
|                  |                               | Pharmaceutical            | Emergency                     |   | Central Plant             |
|                  | Obstetrical<br>Ante/Postprtum | Dietetic                  | Nuclear<br>Medicine           |   | Support<br>Services       |
|                  | Intermediate<br>Care          | Administration            |                               |   |                           |
|                  | Skilled Nursing               |                           |                               |   |                           |

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|--------------|------|-------|-------------------------------|---------|---------------|

Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

| Building Number: | 12 Build                      | ding Name: Engineering Laundry | Ruilding                      |   |                           |
|------------------|-------------------------------|--------------------------------|-------------------------------|---|---------------------------|
| building Number. | Duite                         | Engineering Laurury            | Dallaling                     |   |                           |
| Type of Servic   | e Provided                    |                                |                               |   |                           |
|                  |                               | Surgical                       | Obstetrical<br>Cesarean/Deliv |   | Rehabilitation<br>Therapy |
|                  | Nursing                       | Anesthesia                     |                               |   |                           |
|                  | IntensiveCare                 |                                | Obstetrical Recovery          |   | Renal Dialysis            |
|                  | Pediatric/Adol escent         | Clinical Lab                   | Newborn/                      |   | Outpatient<br>Surgery     |
|                  | Psychiatric                   | Radiological/<br>Imaging       | WellBaby                      |   |                           |
|                  | Nursing                       | Pharmaceutical                 | Emergency                     |   | Central Plant             |
|                  | Obstetrical<br>Ante/Postprtum | Dietetic                       | Nuclear<br>Medicine           | X | Support<br>Services       |
|                  | Intermediate<br>Care          | Administration                 |                               |   |                           |
| П                | Skilled Nursing               |                                |                               |   |                           |

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

| Building Numbe | er: 01                        | Building Na | me: Original Hospita     | ıl |                               |          |                           |
|----------------|-------------------------------|-------------|--------------------------|----|-------------------------------|----------|---------------------------|
| Configuration: | Remove from GAC               | Service by  | 1/1/2030                 |    |                               |          |                           |
| Type of Serv   | rice Provided                 |             |                          |    |                               |          |                           |
| X              | Nursing                       | X           | Surgical                 | X  | Obstetrical<br>Cesarean/Deliv |          | Rehabilitation<br>Therapy |
|                | IntensiveCare                 | X           | Anesthesia               | X  | Obstetrical                   | X        | Renal Dialysis            |
| X              | Pediatric/Adol escent         |             | Clinical Lab             |    | Recovery                      |          |                           |
|                | Psychiatric<br>Nursing        | X           | Radiological/<br>Imaging | X  | Newborn/<br>WellBaby          | X        | Outpatient<br>Surgery     |
| X              | Obstetrical<br>Ante/Postprtum |             | Pharmaceutical           |    | Emergency                     | X        | Central Plant             |
|                | Intermediate                  |             | Dietetic                 |    | Line.goney                    | <u> </u> | os.mar ram                |
|                | Care Skilled Nursing          |             | Administration           |    | Nuclear Medicine              | X        | Support<br>Services       |

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| Building Number: | 02                          | Building Na | me: South Wing A         | ddition |                               |                           |  |
|------------------|-----------------------------|-------------|--------------------------|---------|-------------------------------|---------------------------|--|
| Configuration :  | Remove from GAC             | Service by  | 1/1/2030                 |         |                               |                           |  |
| Type of Service  | e Provided                  |             |                          |         |                               |                           |  |
| N                | ursing                      | X           | Surgical                 |         | Obstetrical<br>Cesarean/Deliv | Rehabilitation<br>Therapy |  |
| In               | tensiveCare                 | X           | Anesthesia               |         | Obstetrical                   | Renal Dialysis            |  |
| l I              | ediatric/Adol<br>scent      |             | Clinical Lab             |         | Recovery                      |                           |  |
|                  | sychiatric<br>ursing        |             | Radiological/<br>Imaging |         | Newborn/<br>WellBaby          | Outpatient<br>Surgery     |  |
|                  | bstetrical<br>nte/Postprtum |             | Pharmaceutical           | X       | Emergency                     | Central Plant             |  |
|                  | termediate<br>are           |             | Dietetic                 |         |                               | 0                         |  |
|                  | killed Nursing              |             | Administration           |         | Nuclear Medicine              | Support<br>Services       |  |

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| Building Numbe | r: 03                         | Building Na | me: Emergency W          | /ing Addition |                               |                           |
|----------------|-------------------------------|-------------|--------------------------|---------------|-------------------------------|---------------------------|
| Configuration: | Remove from GAC               | Service by  | 1/1/2030                 |               |                               |                           |
| Type of Serv   | ice Provided                  |             |                          |               |                               |                           |
|                | Nursing                       |             | Surgical                 |               | Obstetrical<br>Cesarean/Deliv | Rehabilitation<br>Therapy |
|                | IntensiveCare                 |             | Anesthesia               |               | Obstetrical                   | Renal Dialysis            |
|                | Pediatric/Adol escent         |             | Clinical Lab             |               | Recovery                      |                           |
|                | Psychiatric<br>Nursing        |             | Radiological/<br>Imaging |               | Newborn/<br>WellBaby          | Outpatient<br>Surgery     |
|                | Obstetrical<br>Ante/Postprtum |             | Pharmaceutical           | X             | Emergency                     | Central Plant             |
|                | Intermediate<br>Care          |             | Dietetic                 |               | Nuclear Medicine              | Support                   |
|                | Skilled Nursing               |             | Administration           |               | Nucleal Medicine              | Support<br>Services       |

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

| Building Numbe  | r: 04                         | Building Na | me: Areas No. 1 an       | d 2 Additior | ו                             |   |                           |
|-----------------|-------------------------------|-------------|--------------------------|--------------|-------------------------------|---|---------------------------|
| Configuration . | Remove from GAC               | Service by  | 1/1/2030                 |              |                               |   |                           |
| Type of Serv    | rice Provided                 |             |                          |              |                               |   |                           |
| X               | Nursing                       | X           | Surgical                 |              | Obstetrical<br>Cesarean/Deliv |   | Rehabilitation<br>Therapy |
| X               | IntensiveCare                 | X           | Anesthesia               | X            | Obstetrical                   |   | Renal Dialysis            |
|                 | Pediatric/Adol escent         | X           | Clinical Lab             |              | Recovery                      |   |                           |
|                 | Psychiatric<br>Nursing        | X           | Radiological/<br>Imaging | X            | Newborn/<br>WellBaby          |   | Outpatient<br>Surgery     |
| X               | Obstetrical<br>Ante/Postprtum | X           | Pharmaceutical           |              | Emergency                     |   | Central Plant             |
|                 | Intermediate                  | X           | Dietetic                 | _            |                               |   | Contract faint            |
|                 | Care Skilled Nursing          | X           | Administration           | X            | Nuclear Medicine              | X | Support<br>Services       |

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| Building Number: | 05                          | Building Nar | me: Area No. 3 Additi    | on |                               |                           |
|------------------|-----------------------------|--------------|--------------------------|----|-------------------------------|---------------------------|
| Configuration .  | Remove from GAC             | service by   | 1/1/2030                 |    |                               |                           |
| Type of Service  | Provided                    |              |                          |    |                               |                           |
| Nu               | ursing                      |              | Surgical                 |    | Obstetrical<br>Cesarean/Deliv | Rehabilitation<br>Therapy |
| X Int            | ensiveCare                  |              | Anesthesia               |    | Obstetrical                   | Renal Dialysis            |
|                  | ediatric/Adol<br>cent       |              | Clinical Lab             |    | Recovery                      |                           |
|                  | ychiatric<br>ursing         |              | Radiological/<br>Imaging |    | Newborn/<br>WellBaby          | Outpatient<br>Surgery     |
|                  | ostetrical<br>hte/Postprtum |              | Pharmaceutical           |    | <b>F</b>                      | Ocatal Black              |
|                  | ermediate                   |              | Dietetic                 |    | Emergency                     | Central Plant             |
| Ca               |                             |              |                          |    | Nuclear Medicine              | Support<br>Services       |
| Sk               | illed Nursing               |              | Administration           |    |                               | 22.11000                  |

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

| Building Number: | 06                            | Building Na | me: Area No. 4 Ac        | ddition |                               |   |                           |
|------------------|-------------------------------|-------------|--------------------------|---------|-------------------------------|---|---------------------------|
| Configuration :  | Remove from GAC               | Service by  | 1/1/2030                 |         |                               |   |                           |
| Type of Service  | e Provided                    |             |                          |         |                               |   |                           |
|                  | lursing                       | X           | Surgical                 |         | Obstetrical<br>Cesarean/Deliv |   | Rehabilitation<br>Therapy |
| Ir               | ntensiveCare                  | X           | Anesthesia               |         | Obstetrical                   |   | Renal Dialysis            |
|                  | Pediatric/Adol<br>scent       |             | Clinical Lab             |         | Recovery                      |   |                           |
|                  | Psychiatric<br>Jursing        |             | Radiological/<br>Imaging |         | Newborn/<br>WellBaby          |   | Outpatient<br>Surgery     |
|                  | Obstetrical<br>Inte/Postprtum |             | Pharmaceutical           |         | Emergency                     | X | Central Plant             |
|                  | ntermediate                   |             | Dietetic                 | _       | 31931137                      |   | Somari an                 |
|                  | Care<br>Skilled Nursing       |             | Administration           |         | Nuclear Medicine              | Х | Support<br>Services       |

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| Building Number: | 07                           | Building Na | me: Area No. 5 Ad        | ldition |                               |   |                           |
|------------------|------------------------------|-------------|--------------------------|---------|-------------------------------|---|---------------------------|
| Configuration .  | Remove from GAC              | Service by  | 1/1/2030                 |         |                               |   |                           |
| Type of Servic   | e Provided                   |             |                          |         |                               |   |                           |
| N                | ursing                       | X           | Surgical                 |         | Obstetrical<br>Cesarean/Deliv |   | Rehabilitation<br>Therapy |
| In               | ntensiveCare                 | Х           | Anesthesia               |         | Obstetrical                   |   | Renal Dialysis            |
|                  | ediatric/Adol<br>scent       |             | Clinical Lab             |         | Recovery                      |   |                           |
|                  | sychiatric<br>lursing        |             | Radiological/<br>Imaging |         | Newborn/<br>WellBaby          |   | Outpatient<br>Surgery     |
|                  | obstetrical<br>nte/Postprtum |             | Pharmaceutical           |         | Emergency                     |   | Central Plant             |
|                  | ntermediate                  |             | Dietetic                 |         |                               |   |                           |
|                  | are<br>killed Nursing        |             | Administration           |         | Nuclear Medicine              | X | Support<br>Services       |

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| Building Number: | 08                            | Building Na | me: Entrance Cano        | ру |                               |   |                           |
|------------------|-------------------------------|-------------|--------------------------|----|-------------------------------|---|---------------------------|
| Configuration .  | N/A                           |             |                          |    |                               |   |                           |
| Type of Service  | ce Provided                   |             |                          |    |                               |   |                           |
|                  | Nursing                       |             | Surgical                 |    | Obstetrical<br>Cesarean/Deliv |   | Rehabilitation<br>Therapy |
| lı               | ntensiveCare                  |             | Anesthesia               |    | Obstetrical                   |   | Renal Dialysis            |
|                  | Pediatric/Adol<br>escent      |             | Clinical Lab             |    | Recovery                      |   |                           |
|                  | Psychiatric<br>Nursing        |             | Radiological/<br>Imaging |    | Newborn/<br>WellBaby          |   | Outpatient<br>Surgery     |
|                  | Obstetrical<br>Ante/Postprtum |             | Pharmaceutical           |    | Emergency                     |   | Central Plant             |
|                  | ntermediate                   |             | Dietetic                 | _  | Lineigonoy                    | _ | Contract fair             |
|                  | Care<br>Skilled Nursing       |             | Administration           |    | Nuclear Medicine              |   | Support<br>Services       |

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| Building Number | er: 09                        | Building Na | me: Whitaker Pavilion    |   |                               |                           |
|-----------------|-------------------------------|-------------|--------------------------|---|-------------------------------|---------------------------|
| Configuration:  | Remove from GAC               | service by  | 1/1/2013                 |   |                               |                           |
| Type of Serv    | vice Provided                 |             |                          |   |                               |                           |
| X               | Nursing                       | X           | Surgical                 |   | Obstetrical<br>Cesarean/Deliv | Rehabilitation<br>Therapy |
|                 | IntensiveCare                 |             | Anesthesia               |   | Obstetrical                   | Renal Dialysis            |
|                 | Pediatric/Adol<br>escent      |             | Clinical Lab             |   | Recovery                      |                           |
|                 | Psychiatric<br>Nursing        |             | Radiological/<br>Imaging |   | Newborn/<br>WellBaby          | Outpatient<br>Surgery     |
|                 | Obstetrical<br>Ante/Postprtum |             | Pharmaceutical           | П | Emergency                     | Central Plant             |
|                 | Intermediate<br>Care          |             | Dietetic                 |   |                               | 0                         |
|                 | Skilled Nursing               |             | Administration           |   | Nuclear Medicine              | Support<br>Services       |

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| Building Numb  | er: 12                        | Building Na | me: Engineering La       | undry Build | ing                           |   |                           |
|----------------|-------------------------------|-------------|--------------------------|-------------|-------------------------------|---|---------------------------|
| Configuration: | Remove from GAC               | service by  | 1/1/2013                 |             |                               |   |                           |
| Type of Ser    | vice Provided                 |             |                          |             |                               |   |                           |
|                | Nursing                       |             | Surgical                 |             | Obstetrical<br>Cesarean/Deliv |   | Rehabilitation<br>Therapy |
|                | IntensiveCare                 |             | Anesthesia               |             | Obstetrical                   |   | Renal Dialysis            |
|                | Pediatric/Adol escent         |             | Clinical Lab             |             | Recovery                      |   |                           |
|                | Psychiatric<br>Nursing        |             | Radiological/<br>Imaging |             | Newborn/<br>WellBaby          |   | Outpatient<br>Surgery     |
|                | Obstetrical<br>Ante/Postprtum |             | Pharmaceutical           |             | Emergency                     |   | Central Plant             |
|                | Intermediate                  |             | Dietetic                 |             |                               |   | 22                        |
|                | Care Skilled Nursing          |             | Administration           |             | Nuclear Medicine              | X | Support<br>Services       |

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

| Buildi | ng Number: 01                 |                   |    |   |                          |                              |                         |  |  |  |  |
|--------|-------------------------------|-------------------|----|---|--------------------------|------------------------------|-------------------------|--|--|--|--|
| Тур    | Type of Service Provided      |                   |    |   |                          |                              |                         |  |  |  |  |
| X      | Nursing                       | Inpatient<br>Beds | 38 | X | Surgical                 | X Obstetrical Cesarean/Deliv | Rehabilitation Therapy  |  |  |  |  |
|        | IntensiveCare                 | Inpatient<br>Beds | 0  | X | Anesthesia               |                              |                         |  |  |  |  |
| X      | Pediatric/Adol escent         | Inpatient<br>Beds | 15 |   | Clinical Lab             | X Obstetrical Recovery       | X Renal Dialysis        |  |  |  |  |
|        | Psychiatric<br>Nursing        | Inpatient<br>Beds | 0  | X | Radiological/<br>Imaging | X Newborn/<br>WellBaby       | X Outpatient<br>Surgery |  |  |  |  |
| X      | Obstetrical<br>Ante/Postprtum | Inpatient<br>Beds | 34 |   | Pharmaceutical           | Emergency                    | X Central Plant         |  |  |  |  |
|        | Intermediate<br>Care          | Inpatient<br>Beds | 0  |   | Dietetic                 | Nuclear<br>Medicine          | X Support<br>Services   |  |  |  |  |
|        | Skilled Nursing               | Inpatient<br>Beds | 0  |   | Administration           |                              |                         |  |  |  |  |
|        | Total Beds this<br>Building   |                   | 87 |   |                          |                              |                         |  |  |  |  |

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| Building Number: 02         |                          |   |                          |                            |                        |  |  |  |  |  |  |
|-----------------------------|--------------------------|---|--------------------------|----------------------------|------------------------|--|--|--|--|--|--|
| Type of Service Pro         | Type of Service Provided |   |                          |                            |                        |  |  |  |  |  |  |
| Nursing                     | Inpatient<br>Beds        | 0 | X Surgical               | Obstetrical Cesarean/Deliv | Rehabilitation Therapy |  |  |  |  |  |  |
| IntensiveCare               | Inpatient<br>Beds        | 0 | X Anesthesia             |                            |                        |  |  |  |  |  |  |
| Pediatric/Adol escent       | Inpatient<br>Beds        | 0 | Clinical Lab             | Obstetrical Recovery       | Renal Dialysis         |  |  |  |  |  |  |
| Psychiatric Nursing         | Inpatient<br>Beds        | 0 | Radiological/<br>Imaging | Newborn/<br>WellBaby       | Outpatient Surgery     |  |  |  |  |  |  |
| Obstetrical Ante/Postprtum  | Inpatient<br>Beds        | 0 | Pharmaceutical           | X Emergency                | Central Plant          |  |  |  |  |  |  |
| Intermediate Care           | Inpatient<br>Beds        | 0 | Dietetic                 | Nuclear<br>Medicine        | Support<br>Services    |  |  |  |  |  |  |
| Skilled Nursing             | Inpatient<br>Beds        | 0 | Administration           |                            |                        |  |  |  |  |  |  |
| Total Beds this<br>Building |                          | 0 |                          |                            |                        |  |  |  |  |  |  |

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|--------------|------|-------|-------------------------------|--|---------|---------------|

| Building Number:       |                            |   |                          |                            |                        |
|------------------------|----------------------------|---|--------------------------|----------------------------|------------------------|
| Type of Service        | e Provided                 |   |                          |                            |                        |
| Nursing                | Inpatient<br>Beds          | 0 | Surgical                 | Obstetrical Cesarean/Deliv | Rehabilitation Therapy |
| IntensiveC             | are Inpatient<br>Beds      | 0 | Anesthesia               |                            |                        |
| Pediatric/A            | dol Inpatient<br>Beds      | 0 | Clinical Lab             | Obstetrical Recovery       | Renal Dialysis         |
| Psychiatric Nursing    | Inpatient<br>Beds          | 0 | Radiological/<br>Imaging | Newborn/<br>WellBaby       | Outpatient Surgery     |
| Obstetrical Ante/Postp | •                          | 0 | Pharmaceutical           | X Emergency                | Central Plant          |
| Intermedia<br>Care     | te Inpatient<br>Beds       | 0 | Dietetic                 | Nuclear<br>Medicine        | Support<br>Services    |
| Skilled Nu             | rsing<br>Inpatient<br>Beds | 0 | Administration           |                            |                        |
| Total Beds<br>Building | this                       | 0 |                          |                            |                        |

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

| Buildi |                               |                   |     |   |                          |                            |                        |  |  |  |  |
|--------|-------------------------------|-------------------|-----|---|--------------------------|----------------------------|------------------------|--|--|--|--|
| Тур    | Type of Service Provided      |                   |     |   |                          |                            |                        |  |  |  |  |
| X      | Nursing                       | Inpatient<br>Beds | 150 | X | Surgical                 | Obstetrical Cesarean/Deliv | Rehabilitation Therapy |  |  |  |  |
| X      | IntensiveCare                 | Inpatient<br>Beds | 8   | X | Anesthesia               |                            |                        |  |  |  |  |
|        | Pediatric/Adol escent         | Inpatient<br>Beds | 0   | X | Clinical Lab             | X Obstetrical<br>Recovery  | Renal Dialysis         |  |  |  |  |
|        | Psychiatric<br>Nursing        | Inpatient<br>Beds | 0   | X | Radiological/<br>Imaging | X Newborn/<br>WellBaby     | Outpatient Surgery     |  |  |  |  |
| X      | Obstetrical<br>Ante/Postprtum | Inpatient<br>Beds | 22  | X | Pharmaceutical           | Emergency                  | Central Plant          |  |  |  |  |
|        | Intermediate<br>Care          | Inpatient<br>Beds | 0   | X | Dietetic                 | X Nuclear<br>Medicine      | X Support<br>Services  |  |  |  |  |
|        | Skilled Nursing               | Inpatient<br>Beds | 0   | X | Administration           |                            |                        |  |  |  |  |
|        | Total Beds this<br>Building   |                   | 180 |   |                          |                            |                        |  |  |  |  |

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| Building Number: 05         |                          |    |                          |                            |                        |  |  |  |  |  |
|-----------------------------|--------------------------|----|--------------------------|----------------------------|------------------------|--|--|--|--|--|
| Type of Service Pro         | Type of Service Provided |    |                          |                            |                        |  |  |  |  |  |
| Nursing                     | Inpatient<br>Beds        | 0  | Surgical                 | Obstetrical Cesarean/Deliv | Rehabilitation Therapy |  |  |  |  |  |
| X IntensiveCare             | Inpatient<br>Beds        | 20 | Anesthesia               |                            |                        |  |  |  |  |  |
| Pediatric/Adol escent       | Inpatient<br>Beds        | 0  | Clinical Lab             | Obstetrical Recovery       | Renal Dialysis         |  |  |  |  |  |
| Psychiatric Nursing         | Inpatient<br>Beds        | 0  | Radiological/<br>Imaging | Newborn/<br>WellBaby       | Outpatient Surgery     |  |  |  |  |  |
| Obstetrical Ante/Postprtum  | Inpatient<br>Beds        | 0  | Pharmaceutical           | Emergency                  | Central Plant          |  |  |  |  |  |
| Intermediate Care           | Inpatient<br>Beds        | 0  | Dietetic                 | Nuclear<br>Medicine        | Support<br>Services    |  |  |  |  |  |
| Skilled Nursing             | Inpatient<br>Beds        | 0  | Administration           |                            |                        |  |  |  |  |  |
| Total Beds this<br>Building |                          | 20 |                          |                            |                        |  |  |  |  |  |

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|--------------|------|-------|-------------------------------|--|---------|---------------|

| Building Num       | ber: 06 Build                 | ding Name: | ea No. 4 Add | dition                   |                               |   |                           |
|--------------------|-------------------------------|------------|--------------|--------------------------|-------------------------------|---|---------------------------|
| Type of Ser        | vice Provided                 |            |              |                          |                               |   |                           |
| Nursing            | g Inpatient<br>Beds           | 0          | X            | Surgical                 | Obstetrical<br>Cesarean/Deliv |   | Rehabilitation<br>Therapy |
| Intensi            | veCare Inpatient<br>Beds      | 0          | X            | Anesthesia               |                               |   |                           |
| Pediatr escent     | ic/Adol Inpatient<br>Beds     | 0          |              | Clinical Lab             | Obstetrical<br>Recovery       |   | Renal Dialysis            |
| Psychia Nursing    |                               | 0          |              | Radiological/<br>Imaging | Newborn/<br>WellBaby          |   | Outpatient<br>Surgery     |
| Obsteti<br>Ante/P  | rical Inpatient ostprtum Beds | 0          |              | Pharmaceutical           | Emergency                     | X | Central Plant             |
| Interme<br>Care    | ediate Inpatient<br>Beds      | 0          |              | Dietetic                 | Nuclear<br>Medicine           | X | Support<br>Services       |
| Skilled            | Nursing<br>Inpatient<br>Beds  | 0          |              | Administration           |                               |   |                           |
| Total B<br>Buildin | eds this                      | 0          |              |                          |                               |   |                           |

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| Building Number: 07         |                   |   |                          |                               |                        |
|-----------------------------|-------------------|---|--------------------------|-------------------------------|------------------------|
| Type of Service Prov        | <u>/ided</u>      |   |                          |                               |                        |
| Nursing                     | Inpatient<br>Beds | 0 | X Surgical               | Obstetrical<br>Cesarean/Deliv | Rehabilitation Therapy |
| IntensiveCare               | Inpatient<br>Beds | 0 | X Anesthesia             |                               |                        |
| Pediatric/Adol escent       | Inpatient<br>Beds | 0 | Clinical Lab             | Obstetrical Recovery          | Renal Dialysis         |
| Psychiatric Nursing         | Inpatient<br>Beds | 0 | Radiological/<br>Imaging | Newborn/<br>WellBaby          | Outpatient Surgery     |
| Obstetrical Ante/Postprtum  | Inpatient<br>Beds | 0 | Pharmaceutical           | Emergency                     | Central Plant          |
| Intermediate Care           | Inpatient<br>Beds | 0 | Dietetic                 | Nuclear<br>Medicine           | X Support<br>Services  |
| Skilled Nursing             | Inpatient<br>Beds | 0 | Administration           |                               |                        |
| Total Beds this<br>Building |                   | 0 |                          |                               |                        |

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| Build | ing Number: 08                | Building          | g Name: En | trance Can | ору                      |                            |                        |
|-------|-------------------------------|-------------------|------------|------------|--------------------------|----------------------------|------------------------|
| Тур   | e of Service Prov             | <u>rided</u>      |            |            |                          |                            |                        |
|       | Nursing                       | Inpatient<br>Beds | 0          |            | Surgical                 | Obstetrical Cesarean/Deliv | Rehabilitation Therapy |
|       | IntensiveCare                 | Inpatient<br>Beds | 0          |            | Anesthesia               |                            |                        |
|       | Pediatric/Adol escent         | Inpatient<br>Beds | 0          |            | Clinical Lab             | Obstetrical Recovery       | Renal Dialysis         |
|       | Psychiatric<br>Nursing        | Inpatient<br>Beds | 0          |            | Radiological/<br>Imaging | Newborn/<br>WellBaby       | Outpatient Surgery     |
|       | Obstetrical<br>Ante/Postprtum | Inpatient<br>Beds | 0          |            | Pharmaceutical           | Emergency                  | Central Plant          |
|       | Intermediate<br>Care          | Inpatient<br>Beds | 0          |            | Dietetic                 | Nuclear<br>Medicine        | Support<br>Services    |
|       | Skilled Nursing               | Inpatient<br>Beds | 0          |            | Administration           |                            |                        |
|       | Total Beds this<br>Building   |                   | 0          |            |                          |                            |                        |

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| Building Number:        | D1 Build               | ing Name: Origi               | nal Hospital        |   |  |
|-------------------------|------------------------|-------------------------------|---------------------|---|--|
| Medical / Surgical (Inc | clude GYN)             | Acute Respiratory             | Care                | Acute Psychiatric                       |  |
| Inpatient 38 Bed        | Inpatient 2192<br>Days | Inpatient 0<br>Bed            | Inpatient 0<br>Days | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Perinatal (excluse Ne   | wborn / GYN)           | Burn                          |                     | Skilled Nursing                         |  |
| Inpatient 34<br>Bed     | Inpatient 3143<br>Days | Inpatient 0<br>Bed            | Inpatient 0<br>Days | Inpatient 0                             | Inpatient 0<br>Days                        |
| Pediatric               |                        | intensive Care New<br>Nursery | vborn               | Intermediate Card                       |  |
| Inpatient 15 Bed        | Inpatient 1143<br>Days | Inpatient 0<br>Bed            | Inpatient 0<br>Days | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Intensive Care          |                        | Rehabilitation<br>Center      |                     | Int. Care / developr<br>Disabled        | nent                                       |
| Inpatient 0<br>Bed      | Inpatient 0 Days       | Inpatient 0<br>Bed            | Inpatient 0         | Inpatient 0<br>Bed                      | Inpatient 0 Days                           |
| Coronary Care           |                        | Chemical<br>Dependency        |                     | Total Beds this<br>Building Per<br>Unit | Total Beds this<br>Building Per<br>Service |
| Inpatient 0<br>Bed      | Inpatient 0 Days       | Inpatient 0<br>Bed            | Inpatient 0 Days    | 87                                      | 87   |

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| Building Number:       | D2 Build            | ing Name: Sout                | h Wing Addition     |  |    |
|------------------------|---------------------|-------------------------------|---------------------|--|----|
| Medical / Surgical (In | clude GYN)          | Acute Respiratory             | Care                | Acute Psychiatric  |    |
| Inpatient 0<br>Bed     | Inpatient 0<br>Days | Inpatient 0<br>Bed            | Inpatient 0 Days    | Inpatient 0 Inpatient Days   | 0  |
| Perinatal (excluse Ne  | wborn / GYN)        | Burn                          |                     | Skilled Nursing  |    |
| Inpatient 0<br>Bed     | Inpatient 0<br>Days | Inpatient 0<br>Bed            | Inpatient 0<br>Days | Inpatient 0 Inpatient Days   | 0  |
| Pediatric              |                     | intensive Care Nev<br>Nursery | vborn               | Intermediate Card  |    |
| Inpatient 0<br>Bed     | Inpatient 0<br>Days | Inpatient 0<br>Bed            | Inpatient 0<br>Days | Inpatient 0 Inpatient Days   | 0  |
| Intensive Care         |                     | Rehabilitation<br>Center      |                     | Int. Care / development<br>Disabled                                  |    |
| Inpatient 0<br>Bed     | Inpatient 0<br>Days | Inpatient 0<br>Bed            | Inpatient 0         | Inpatient 0 Inpatient Days   | 0  |
| Coronary Care          |                     | Chemical<br>Dependency        |                     | Total Beds this Building Per Unit Total Beds th Building Per Service | is |
| Inpatient 0<br>Bed     | Inpatient 0 Days    | Inpatient 0<br>Bed            | Inpatient 0 Days    | 0  | 0  |

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| Building Number:      | 03 Build            | ling Name: Eme                | rgency Wing Addition |   |  |
|-----------------------|---------------------|-------------------------------|----------------------|---|--|
| Medical / Surgical (I | nclude GYN)         | Acute Respiratory             | Care                 | Acute Psychiatric                       |  |
| Inpatient 0<br>Bed    | Inpatient 0<br>Days | Inpatient 0<br>Bed            | Inpatient 0<br>Days  | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Perinatal (excluse N  | ewborn / GYN)       | Burn                          |                      | Skilled Nursing                         |  |
| Inpatient 0<br>Bed    | Inpatient 0<br>Days | Inpatient 0<br>Bed            | Inpatient 0<br>Days  | Inpatient 0                             | Inpatient 0<br>Days                        |
| Pediatric             |                     | intensive Care Nev<br>Nursery | wborn                | Intermediate Card                       |  |
| Inpatient 0<br>Bed    | Inpatient 0<br>Days | Inpatient 0<br>Bed            | Inpatient 0<br>Days  | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Intensive Care        |                     | Rehabilitation<br>Center      |                      | Int. Care / develop                     | ment                                       |
| Inpatient 0<br>Bed    | Inpatient 0 Days    | Inpatient 0<br>Bed            | Inpatient 0<br>Days  | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Coronary Care         |                     | Chemical<br>Dependency        |                      | Total Beds this<br>Building Per<br>Unit | Total Beds this<br>Building Per<br>Service |
| Inpatient 0<br>Bed    | Inpatient 0 Days    | Inpatient 0<br>Bed            | Inpatient 0 Days     | 0                                       | 0  |

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| Building Number:        | 4 Build                 | ing Name: Area                | s No. 1 and 2 Addition |   |  |
|-------------------------|-------------------------|-------------------------------|------------------------|---|--|
| Medical / Surgical (Inc | lude GYN)               | Acute Respiratory             | Care                   | Acute Psychiatric                       |  |
| Inpatient 150<br>Bed    | Inpatient 41087<br>Days | Inpatient 0<br>Bed            | Inpatient 0 Days       | Inpatient 0                             | Inpatient 0<br>Days                        |
| Perinatal (excluse New  | wborn / GYN)            | Burn                          |                        | Skilled Nursing                         |  |
| Inpatient 22<br>Bed     | Inpatient 3144<br>Days  | Inpatient 0<br>Bed            | Inpatient 0<br>Days    | Inpatient 0                             | Inpatient 0<br>Days                        |
| Pediatric               |                         | intensive Care New<br>Nursery | wborn                  | Intermediate Card                       |  |
| Inpatient 0<br>Bed      | Inpatient 0<br>Days     | Inpatient 0                   | Inpatient 0<br>Days    | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Intensive Care          |                         | Rehabilitation<br>Center      |                        | Int. Care / develop                     | ment                                       |
| Inpatient 0<br>Bed      | Inpatient 0 Days        | Inpatient 0<br>Bed            | Inpatient 0 Days       | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Coronary Care           |                         | Chemical<br>Dependency        |                        | Total Beds this<br>Building Per<br>Unit | Total Beds this<br>Building Per<br>Service |
| Inpatient 8<br>Bed      | Inpatient 2366<br>Days  | Inpatient 0                   | Inpatient 0 Days       | 180                                     | 172  |

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| Building Number:       | D5 Build               | ing Name: Area                | No. 3 Addition      |   |    |
|------------------------|------------------------|-------------------------------|---------------------|---|----|
| Medical / Surgical (In | clude GYN)             | Acute Respiratory             | Care                | Acute Psychiatric   |    |
| Inpatient 0<br>Bed     | Inpatient 0<br>Days    | Inpatient 0<br>Bed            | Inpatient 0<br>Days | Inpatient 0 Inpatient Days  | 0  |
| Perinatal (excluse Ne  | wborn / GYN)           | Burn                          |                     | Skilled Nursing   |    |
| Inpatient 0<br>Bed     | Inpatient 0<br>Days    | Inpatient 0<br>Bed            | Inpatient 0<br>Days | Inpatient 0 Inpatient Days  | 0  |
| Pediatric              |                        | intensive Care New<br>Nursery | vborn               | Intermediate Card   |    |
| Inpatient 0<br>Bed     | Inpatient 0 Days       | Inpatient 0<br>Bed            | Inpatient 0<br>Days | Inpatient 0 Inpatient Days  | 0  |
| Intensive Care         |                        | Rehabilitation<br>Center      |                     | Int. Care / development<br>Disabled                               |    |
| Inpatient 12<br>Bed    | Inpatient 3775 Days    | Inpatient 0<br>Bed            | Inpatient 0         | Inpatient 0 Inpatient Days  | 0  |
| Coronary Care          |                        | Chemical<br>Dependency        |                     | Total Beds this Building Per Unit Total Beds Building Per Service | -  |
| Inpatient 8<br>Bed     | Inpatient 2366<br>Days | Inpatient 0<br>Bed            | Inpatient 0 Days    | 20  | 20 |

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| Building Number:       | 06 Buil             | ding Name: Area No.      | o. 4 Addition |   |  |
|------------------------|---------------------|--------------------------|---------------|---|--|
| Medical / Surgical (In | clude GYN)          | Acute Respiratory Car    | re            | Acute Psychiatric                       |  |
| Inpatient 0<br>Bed     | Inpatient 0<br>Days |                          | ays 0         |   | Inpatient 0<br>Days                        |
| Perinatal (excluse Ne  | ewborn / GYN)       | Burn                     |               | Skilled Nursing                         |  |
| Inpatient 0<br>Bed     | Inpatient 0<br>Days |                          | ays 0         |   | Inpatient 0<br>Days                        |
| Pediatric              |                     | intensive Care Newbo     | orn           | Intermediate Card                       |  |
| Inpatient 0<br>Bed     | Inpatient 0<br>Days |                          | apatient 0    |   | Inpatient 0<br>Days                        |
| Intensive Care         |                     | Rehabilitation<br>Center |               | Int. Care / developm<br>Disabled        | ent  |
| Inpatient 0<br>Bed     | Inpatient 0 Days    |                          | ays 0         |   | Inpatient 0<br>Days                        |
| Coronary Care          |                     | Chemical<br>Dependency   |               | Total Beds this<br>Building Per<br>Unit | Total Beds this<br>Building Per<br>Service |
| Inpatient 0<br>Bed     | Inpatient 0<br>Days |                          | ays 0         | 0                                       | 0  |

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| Building Number:                  | 7 Build             | ing Name: Area                    | No. 5 Addition      |   |  |
|-----------------------------------|---------------------|-----------------------------------|---------------------|---|--|
| Medical / Surgical (Include GYN)  |                     | Acute Respiratory Care            |                     | Acute Psychiatric                       |  |
| Inpatient 0<br>Bed                | Inpatient 0<br>Days | Inpatient 0<br>Bed                | Inpatient 0<br>Days | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Perinatal (excluse Newborn / GYN) |                     | Burn                              |                     | Skilled Nursing                         |  |
| Inpatient 0<br>Bed                | Inpatient 0<br>Days | Inpatient 0<br>Bed                | Inpatient 0<br>Days | Inpatient 0                             | Inpatient 0<br>Days                        |
| Pediatric                         |                     | intensive Care Newborn<br>Nursery |                     | Intermediate Card                       |  |
| Inpatient 0<br>Bed                | Inpatient 0<br>Days | Inpatient 0<br>Bed                | Inpatient 0<br>Days | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Intensive Care                    |                     | Rehabilitation<br>Center          |                     | Int. Care / development<br>Disabled     |  |
| Inpatient 0<br>Bed                | Inpatient 0 Days    | Inpatient 0<br>Bed                | Inpatient 0         | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Coronary Care                     |                     | Chemical<br>Dependency            |                     | Total Beds this<br>Building Per<br>Unit | Total Beds this<br>Building Per<br>Service |
| Inpatient 0<br>Bed                | Inpatient 0 Days    | Inpatient 0<br>Bed                | Inpatient 0 Days    | 0                                       | 0  |

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| Building Number: 0                | 8 Build             | ing Name: Entra                   | ance Canopy         |   |  |
|-----------------------------------|---------------------|-----------------------------------|---------------------|---|--|
| Medical / Surgical (Include GYN)  |                     | Acute Respiratory Care            |                     | Acute Psychiatric                       |  |
| Inpatient 0<br>Bed                | Inpatient 0<br>Days | Inpatient 0<br>Bed                | Inpatient 0 Days    | Inpatient 0                             | Inpatient 0<br>Days                        |
| Perinatal (excluse Newborn / GYN) |                     | Burn                              |                     | Skilled Nursing                         |  |
| Inpatient 0<br>Bed                | Inpatient 0<br>Days | Inpatient 0<br>Bed                | Inpatient 0<br>Days | Inpatient 0<br>Bed                      | Inpatient 0<br>Days                        |
| Pediatric                         |                     | intensive Care Newborn<br>Nursery |                     | Intermediate Card                       |  |
| Inpatient 0<br>Bed                | Inpatient 0 Days    | Inpatient 0                       | Inpatient 0<br>Days | Inpatient 0<br>Bed                      | Inpatient 0 Days                           |
| Intensive Care                    |                     | Rehabilitation<br>Center          |                     | Int. Care / development<br>Disabled     |  |
| Inpatient 0<br>Bed                | Inpatient 0 Days    | Inpatient 0<br>Bed                | Inpatient 0         | Inpatient 0<br>Bed                      | Inpatient 0 Days                           |
| Coronary Care                     |                     | Chemical<br>Dependency            |                     | Total Beds this<br>Building Per<br>Unit | Total Beds this<br>Building Per<br>Service |
| Inpatient 0<br>Bed                | Inpatient 0 Days    | Inpatient 0                       | Inpatient 0         | 0                                       | 0  |